Name in Full

Certificate of Death

Benoni Allnutt

Died at Town Dawsonville County Montgomery MARYLAND

Date 189 Month 9 Day 5 — 30

Age Y. 64. M. 5 + D.

Native of Md —

Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Widow~~ Single ~~Divorced~~ ~~Widower~~

Number of children living 8

Husband ~~Wife~~ of Emily Dawson

Father's Name Lawrence Allnutt

Mother's Name Ellen Mills —

Cause of Death: Primary Intestinal Cancer — How long sick 2 yrs +.

Immediate 25 C

~~Accident, Suicide, Homicide~~

Reported by W. B. Haddaway M.D.

Address Dawsonville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66858

Name In Full Mrs. Sarah A. Bundette

Certificate of Death

Died at Gaithersburg (Town) Montgomery (County) MARYLAND

Date 189 9 Month May Day 1 | Age Y. 72 M. D. | Native of Md | Occupation Lady

~~White~~ / ~~Colored~~ | Female | ~~Married~~ / ~~Single~~ / ~~Widow~~ / ~~Widower~~ / ~~Divorced~~ | Number of children living 6

Husband of Wife David Bundette

Father's Name | Mother's Name 77

Cause of Death — Primary Bronchial Trouble — How long sick

Immediate Congestion of Lungs — ~~Accident, Suicide, Homicide~~

OVER

Reported by J. C. Grooms Undertaker

Address Rockville, Md.

Must be signed by physician, if eny in ettendance, otherwise by coroner, underteker or minister.

OVER

LIBRARY BUREAU. 79898

Attended by Dr. Chas H Waters

of Gaithersburg Md

Seen by Coroner .....

of .....

Information contained in this certificate

ceived from Mr W W Burdette

of Poplar Springs Md

Name In Full Katherine Black

Certificate of Death

Died at Town Springville County Monty. MARYLAND

Date 1899 Month 5 Day 26 | Age Y. 74 M. 6 D. 8 | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | Married Single | Widow Widower | Divorced Number of children living 5

Husband Wife of Custer Black Blacksmith

Father's Name | Mother's Name

Cause of Death: Primary died from age + 141 — How long sick 6 mos

Immediate [illegible] — Accident, Suicide, Homicide

Reported by J. R Batson

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75668

Name In Full Peter Fletcher

Certificate of Death

Died at Town Cropley County Montg's MARYLAND

Date 189 9 Month May Day 20 | Age Y. 30 M. about D. | Native of Montg. | Occupation Laborer

~~Male~~ ~~Female~~ | ~~Wife~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife's~~ of

Father's Name Peter Fletcher | Mother's Name

Cause of Death: Primary ~~How long sick~~ (Inquest)

Immediate Drowning 1hr

or Accident, Suicide, ~~Homicide~~

Reported by W. D. Pate M.D.

Address Potomac Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 70775

Name in Full

Certificate of Death

Clarence Gates

Died at Town: Laytsville County: Montgomery MARYLAND

Date 189 7 Month: 5 Day: 20 | Age Y. 16 M. 3 D. 4 | Native of: Maryland | Occupation: Laborer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ Number of children living

~~Husband~~ ~~Wife~~ of

Father's Name: Josiah Gates

Mother's Name: Annie Gates

Cause of Death: Primary: Pneumonia 72 | How long sick: 9 days

Immediate: Heart failure | ~~Accident Suicide Homicide~~

Reported by: Roger Burke

Address: Sandy Spring Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Name in Full: Daniel Gettendanner — Certificate of Death

Died Near Town: Poolesville County: Montgomery — MARYLAND

Date 189 9 Month: May Day: 19 | Age Y.: 44 M.: 2 D.: 3 | Native of: Frederick | Occupation: Farmer

Male / ~~Female~~ | White / ~~Colored~~ | Married / Single / ~~Widow~~ / ~~Widower~~ | ~~Divorced~~ | ~~Number of children living~~ None

Husband / Wife of: Virginia [illegible] Schaeffer

Father's Name: Edward Gettendanner — Mother's Name:

Cause of Death — Primary: Diabetes 28 — How long sick: 2 years

Immediate: Tuberculosis of Lungs — Accident, Suicide, Homicide

Reported by: B. N. Walling

Address: Poolesville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full

Certificate of Death

William Wallace Poole

Died at Town: Poolesville County: Montgomery MARYLAND

Date 189? Month: May Day: 20 | Age Y. 65 M. D. | Native of Poolesville | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | Widow Widower | Divorced

Number of children living 3

Husband ~~Wife~~ of Agnes Jones -

Father's Name Wm D Poole

Mother's Name Rebecca Dickerson

Cause of Death — Primary 15-5-6

Immediate Heart failure

How long sick —

Accident, Suicide, Homicide

Reported by Richard T. Gott M D

Address Poolesville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Thomas Smith

Died at Town: Brookeville County: Montgomery MARYLAND

Date 1899 Month: May Day: 7 Age: Y. 75 M. D. Native of: Maryland Occupation: Laborer

Male ~~Female~~ ~~White~~ Colored ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living 3

Husband of Wife

Father's Name

Mother's Name 97

Cause of Death: Primary Interstitial Nephritis — How long sick 6 months

Immediate Uraemia — Accident, Suicide, Homicide

Reported by Augustus Hobler M.D.,

Address Brighton, Monty Co. Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full Mrs. John Stone

Certificate of Death

Died at Town Palmer County Montgomery MARYLAND

Date 189 Month 9 Day 3 Y. 57 M. D. Age

Netive of

Occupation

~~Male~~ Femele White ~~Colored~~ Married ~~Single~~ Widow Widower Divorced Number of children living

Husband of Wife

Fether's Neme

Mother's Name

Cause of Death: Primary 57 How long sick

Immediate Heart disease Accident, Suicide, Homicide

Reported by Dr. Monroe Herald

Address May 26

Must be signed by physicien, if eny in attendance, otherwise by coroner, underteker or minister.

LIBRARY BUREAU, 70888

Name in Full 3072

Certificate of Death

Unknown Colored Woman

Died at Town Cabin John County Montg MARYLAND

Date 189 9 Month May Day 21 | Age Y. 35 M. D. about | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower ~~Divorced~~ | ~~Number of children living~~

~~Husband~~ of ~~Wife~~

~~Father's Name~~ | ~~Mother's Name~~

Cause of Death: Primary 142a

Immediate Cause Dysentery

~~How long sick~~

~~Accident~~, Suicide, ~~Homicide~~

Reported by [illegible] Scott M.D.

Address Rockville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

HEALTH DEPT. MAY 29 1899 MARYLAND

LIBRARY BUREAU, 7[illegible]

Name in Full

Certificate of Death

Lyda Morrow

Died at Town Rockville County Montgomery MARYLAND

Date 189 9 Month May Day 4 Age Y. 11 M. — D. — Native of Montgomery Co Occupation X

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single ~~Widow~~ ~~Widower~~ Divorced Number of children living X

Husband of X
Wife

Father's Name Don't Know

Mother's Name Jinnie Morrow

Cause of Death: Primary Tuberculosis Meningitis — How long sick 6 or 7 wks

Immediate 396 — ~~Accident, Suicide, Homicide~~

Reported by B. M. Linthicum M.D.

Address Rockville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65088

Name In Full Charlie Williams — Certificate of Death

Died at his home (~~Town~~) Montgomery (County) — MARYLAND

Date 1899 Month 3 Day 27 — Age Y. 17 M. 1 D. 22 — Native of Maryland — Occupation Office boy

Male / ~~Female~~ — ~~White~~ / Colored — ~~Married~~ / Single — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ / Number ~~of children living~~

Husband of —

Wife —

Father's Name William Williams — Mother's Name Jane Williams

Cause of Death — Primary: Pulmonary Tuberculosis — How long sick: One year

Immediate: Hemorrhage 22d — Accident, Suicide, Homicide

Reported by Dr. W. F. Green

Address Brookeville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 73858

Name in Full Thomas

Certificate of Death

Died at Town Rockville County Montgomery MARYLAND

Date 1899 Month May Day 7 Age Y. 7 M. D. Native of Occupation

Male / ~~Female~~ White / ~~Colored~~ Married / Single / Widow / Widower / Divorced / Number of children living

Husband of
Wife

Father's Name George H Young

Mother's Name Emma Shaton

Cause of Death — Primary

Immediate Indigestion

How long sick 82

Accident, Suicide, Homicide

Reported by R T Gott M D

Address Rockville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968